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DECASED PHILIT RAYMOND LEE NEEL DEATH APRIL 18, 18, 20, 18, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20				. STREET	(If rural, give location)		0500
S. SEX Male Male Male Minter Minte	DECEASED			•	4. DATE OF DEATH		(Day) (Year) 1 8. 19
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13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR VIFE Thomas Neel 15. MAIDEN B. Carpenter Fern Neel Carpenter Fern Neel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERNAL SET ON NAME Fern Neel ROUTE # 2. Festus, Missouri R. CAUSE OF DEATH Light culty one cause part of steen of service) III yes, give war of dates of service) III yes, give war or dates or dates III yes, give war or dates or conditions III yes, give war or dates III yes, gi	10a. USUAL OCCUPATION (dozed during most of working its L& DOTET	ife, even if retired)	DUSTRY	11. BIRTHPLACE (GI	ity and State or Foreign C		12. CITIZEN OF WH
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21a. ACCIDENT SUICIDE SUICIDE HOMIGIDE 21b. PLACE OF INJURY (s.g., in or about home, it ref factory, street, office bidg., sto.) 21d. TIME (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. TIME (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 21d. Time (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidg., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidge., sto.) 22d. How Day (Month) (Day) (Year) (Hony of House bidge., sto.) 22d. How Day (Month) (Not of House bidge., sto.) 22d. How Day (Month) (Not of Hous	the does not mean the mean of dying, such although offure, asthenia, the means the dis- case, fragry, or compilea- tion both caused death. It. Co	Morbid conditions, if any, ise to the above cause (a) he underlying cause last. OTHER SIGNIFICANT (Conditions contributing to elated to the disease or con-	CONDITIONS of act the death but not dition causing death, 95	leg aus deke as Lucile stus maile 1244	conjue	suff a in Expres	ered wed - sell ail 1 14
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from	TION		· · · · · · · · · · · · · · · · · · ·		2000000000000000000000000000000000000	150	<u> </u>
OF INJURY OF 14 55 20 WHILE AT WORK NOT WHILE AT WORK		deel home. I'm	factory, street, office bldg., etc.)	Festu	is mo		(STATE)
24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY Removal 18,1953 Box Elder Cemetery Leachville, Arkans as DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 23b. ADDRESS 22c. DATE SIGNATURE 25c. DATE SIGNATURE 25c. DATE SIGNATURE ADDRESS 25c. DATE SIGNATURE 25c. DATE SIGNATURE ADDRESS	OF -		WHILEAT [NOT WHILE []	21f, HOW DID INJURY	OCCUR?		F916
24a. FURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oily, town, or county) (Station Removal April 18,1953 Box Elder Cemetery Leachville, Arkans as DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	otive on		d that death occurred at	///OAm., from th			above. 4
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	Hand	more	and reni3	1300	Hard		23c. DATE SIGN
pro III A III 3 AMB - LIAI	Removal	April 18,195	3 Box Elder C	emetery	Leachville	, Arkan	s as
V (Licensed Embalmer's Statement on Reverse Side)	APR 18 1953	J. Earl &	mitty m.D.	McLaughlin'	's, 2301 Lafa		

185

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	
by me, or by	
working under my personal supervision	N & Farm

Signed J. J. Www. Licensed Embalmer No. 3384

P. O. Address 230/ Lafano

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

of the said Ray Lee Neel was June 5th, 1917 and that his age at the time of his death was thirty-five years ten months and twelve days. Your affiant further states that the death record of the Bureau of Vital Statistics of the City of St. Louis, Missouri, has erroneously registered the birth date of the said Raymond Lee Neel to be June 5th, 1907 which results in a ten year mistake in the age of the deceased. WHEREFORE, Affiant sayeth not. Subscribed and sworn to before me this ### day of May, 1953. My commission expires MAY 31, 1954

Comes now Fern Neel, after having been first duly

Your Affiant further states that the birth date

16047-53

sworn upon her oath and states that she is the surviving spouse

of Raymond Lee Neel who died April 18th, 1953.

given

TIVAGIEEA.

HUHACT 8561-6494 #. bold

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